

Raleigh County Schools

105 Adair Street
Beckley, WV 25801

Student Accident Report

Section I: School Information

School: _____ School Telephone #: _____

Section II: Student Information

Student's Full Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Name of Parent/Guardian: _____ Telephone #: _____

Home address: _____ City: _____ State: _____ Zip code: _____

Section III: Injury Information

Date of Injury: _____ Time: _____ am pm Specific Location of Accident: _____

Type of Activity: Recess Physical Ed Classroom/Non-Physical Ed Sports Related Activity

Description of Accident (What was student doing? List conditions at time of injury.): _____

Body Part(s) Injured: _____

Person in Charge: _____ Title: _____ Present at Scene: Yes No

Witness(es) name: _____ Phone: _____

Name: _____ Phone: _____

Section IV: Action Taken

Type of First Aid Treatment Given: _____

Given by: _____ Title: _____

Student Sent Back to Class? Yes No If so, by whom: _____

Student Sent Home? Yes No If so, by whom: _____

Sent to Doctor? Yes No If so, by whom: _____ Doctor: _____

Sent to Hospital? Yes No If so, by whom: _____ Hospital: _____

Parent/guardian/other individual notified? Yes No Who: _____ Relationship: _____

How Notified: _____ Date: _____ Time: _____ am pm

Section V: Additional Information

Student Has Health Insurance: Yes No Student Has Accident Insurance: Yes No

of Days Missed: _____ Status of Student after Incident: _____

Principal's Signature: _____ Date: _____

Scan completed form and email to jcolvin@access.k12.wv.us or fax to 304-256-4527.